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STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

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1932 Proves the Best Health Year

IN NO previous year has the health record of the industrial populations of the United States and Canada equalled that of 1932.

This is clearly indicated by the mortality experienced by the many millions of Industrial policyholders of the Metropolitan Life Insurance Company. Their deathrate for the year was at the unprecedented figure of 8.34 per 1,000 living, at ages one and over—lower by a narrow margin than the previous minimum of 8.37, registered in 1930.

New minima were recorded for nine important causes of death, namely, typhoid fever, measles, whooping cough, diphtheria, pneumonia, tuberculosis, diarrheal diseases, conditions incidental to pregnancy and childbirth and accidents.

Furthermore, among the various types of accidental death, new minima were recorded for accidental burns, machinery accidents and drownings.

Based on what has happened among these insured wage-earners and their dependents, it is safe to say that the deathrate of the general population, in 1932, was also at a new low point. For, the mortality rate of this large group of insured persons has always proved to be an accurate index of health conditions in the general population—both in the United States and Canada—the mortality statistics for which do not become available until approximately one year after it is possible to publish the figures for the insured group.

Furthermore, such data as have been made public at this writing from Federal and state sources, and for limited areas, suggest an equally favorable health picture for the population at large.

Public Health Shows Improvement During Depression

The extremely low deathrate of 1932 is all the more remarkable in view of the unfavorable economic conditions which prevailed throughout the year, and which seriously affected living standards of industrial wage-earners and their dependents.

With more of them unemployed than ever before, faced with the worries and perplexities which unemployment brings, their health has been altogether phenomenally good.

What factors, then, have operated to turn the worst year of the worst depression in a generation into the best health year of all time? Into the best health year in all sections of the United States, and in Canada? The best for both the white people and the colored? The year with new

low deathrates for nine causes of death of major public health interest?

Of foremost importance is the almost entire freedom of 1932 from serious epidemics. Up to almost the end of the year, when influenza became widespread and in some localities virulent, there was no general prevalence of any epidemic disease. Again, weather conditions throughout the year were good; and many people spent more than the usual proportion of their time out of doors. The depression, unquestionably, has curbed over-eating and over-drinking. Then, too, there have been fewer deaths chargeable to motor vehicle traffic, because there has been less such traffic. Accidents, in industry, as well, have been fewer as the inevitable outcome of the curtailment both of employees and hours of work in industrial establishments. The people, then, although against their will, had more leisure last year than ever before—and more out-of-door life. All of these factors, together, have evidently more than counterbalanced the adverse effects of the worry incidental to unemployment and difficult circumstances.

But perhaps more than any other single factor, the protection given by the effective functioning of the health departments, the clinics, by the generous treatment from physicians, and by splendidly organized relief work has operated to conserve life and health. The work of our social agencies has brought to a very small item the number of persons and of families who have suffered from actual hunger or from lack of clothing or shelter.

It is obvious, then, that whatever other economies have to be effected in view of the current economic upheaval, there must be no further radical curtailment of the support required to permit the adequate functioning of the health departments, the hospitals, the medical clinics and the social agencies. Already serious reductions in health budgets have been made in certain parts of the country. In certain instances county health organizations have actually been discontinued. In a large number of cities big cuts have been made and in several states reductions of from 17 per cent. to 33⅓ per cent. are shown. It is hoped that no further cuts will be made, because they will present a serious threat to the preservation of the public health.

Deathrate Low Throughout the Year Except in December

In five of the twelve months of 1932 lower mortality rates were registered than ever before in these same months. During the rest of the year, except for December, conditions were excellent. In December, however, there was an abrupt change in the picture. The mortality from influenza, pneumonia, and the principal degenerative diseases rose abruptly, reflecting the wave of influenza which swept the country from the Pacific Coast eastward. Fortunately, the influenza which prevailed was not, in general, of the virulent type which characterized the great pandemic of 1918–1919; but deaths, even in a relatively minor outbreak are sufficiently numerous to raise the mortality rate appreciably. In fact, had it not been for the poor record of the last month of 1932 the year would have closed with a considerably lower

deathrate than that which was finally registered. The mortality rate for December, for all causes of death, was 9.4 per 1,000, the highest December figure since 1924.

Lives Saved in Consequence of Reduced Mortality

The 1911 deathrate among Metropolitan Industrial policyholders, at ages one and over, was 12.5 per 1,000. Had this deathrate of twenty-one years ago prevailed again in 1932, nearly 70,000 more of this insured group would have died than the 139,491 who actually did die during the year. The rate of decline in mortality among insured wage-earners and their dependents during a period of twenty-two years has been more than twice as great as that in the general population.* This condition indicates that there has been some powerful force at work among our policyholders to bring about this desirable situation. The Company's nursing service for the care of the sick, the extensive educational campaign, and other benefits have undoubtedly operated to bring about this greater improvement. The effect has been a greater net saving in mortality than might have been expected from the improvement in the general population. In 1931 alone this net saving amounted to 32,000 lives of policyholders and the accumulated saving since 1911 is over 464,000 lives.

Extension of the Life Span, 1911 to 1931

The expectation of life, at birth, among Metropolitan Industrial policyholders for the year 1931 was 57.90 years. This may be compared with an expectation of 46.63 years in 1911–1912, a gain of 11.27 years during two decades. This corresponds to a gain of 24.2 per cent. in the average life span of the Industrial policyholders. In the general population, in approximately the same period, the gain was only 6.66 years. Thus the improvement among the insured wage-earners and their dependents has been almost twice that for the population at large.

It is a matter of great interest that the expectation of life of the industrial population is now within two years of that of the general population. Twenty years ago, there was a difference of six and one-half years in favor of the general public. In other words, working men and their families have shown a marked improvement in their vitality. This is due, for the most part, to considerable decreases in the mortality at all of the younger ages of life, because the preventable diseases have been brought, to a marked degree, under control. Few realize the enormous social and economic benefits which these gains have brought about.

Tuberculosis Reaches a New Minimum for the Sixth Successive Year

Again, the outstanding public health fact of the year was the reduction of the tuberculosis deathrate to a new low point. The drop in a single year was 8.6 per cent., the greatest year-to-year decrease in a decade. The improvement among insured negroes was even greater

*Comparisons between the deathrates of the Metropolitan Industrial policyholders and the United States Registration States relate to ages one and over for the insured and 1 to 74 years for the general population.

than for the whites. The tuberculosis deathrate has now reached 70 per hundred thousand. Three years ago we said, in the STATISTICAL BULLETIN of January, 1930, that it would require a drop of 53 per cent. from the 1929 deathrate of 87.3 per hundred thousand to bring the mortality from this disease down to 40 per hundred thousand. How fast we are approaching this objective will be seen from the fact that in 1930, 1931 and 1932, the average annual decrease was 6.6 per cent. If this rate of improvement continues, the goal of 40 per hundred thousand should be reached, for the insured wage-earning group, by 1939; it may be attained two or three years earlier in the general population of the United States.

The decline in the mortality from tuberculosis in a single year effected a saving of 1,100 lives in 1932 alone.

The Principal Communicable Diseases of Childhood

The deathrate for the four principal communicable diseases of childhood has dropped exactly 50 per cent. in four years, and almost 70 per cent. in ten. The deathrate for each of these diseases, except scarlet fever, is the lowest ever recorded; and that for scarlet fever is one of the lowest. Even diphtheria, to which the chief interest attaches, has become a minor cause of death. It promises soon to be so entirely out of the picture that no place need be assigned to it in the statistical tables.

Typhoid Fever

This disease has been an almost negligible item in the mortality statistics for several years. Further progress was made in 1932, and the mortality rate reduced to the new low point of 1.7 per hundred thousand.

Pneumonia

The mortality rate for this disease dropped in 1932 to a new minimum of 56.8 per hundred thousand, a decline of 8.5 per cent. from the previous low point recorded in 1931. Both white and colored policyholders shared in the improvement. Up to the last six weeks of 1932 it appeared that the decline would be much greater than that finally registered for the year. Due to a country-wide influenza outbreak, however, the pneumonia deathrate advanced sharply in December, and this materially affected the final rate for the year.

Influenza

We have already referred to the influenza epidemic of the last few weeks of 1932. Although the cases were not, in general, of the type which runs quickly into pneumonia and causes death, the widespread prevalence of influenza was, nevertheless, reflected in a sharp December rise in both the influenza and pneumonia deathrates. Despite this adverse development, the year closed with a mortality rate for influenza of only 17.6 per 100,000, which is well below the average for the last ten years.

Diarrheal Diseases

The mortality from diarrheal complaints is of more importance in a report which includes deaths of infants than in one like the present, which is not concerned with deaths in the first year of life. However, in addition to displaying a new mini-

mum rate for persons one year of age and over, we are able to report that data for infant deaths also indicate the lowest deathrate ever recorded for infantile diarrhea.

Maternal Mortality

Deaths from conditions arising out of pregnancy and childbirth have shown a practically continuous decline among insured women over a period of twelve years. The puerperal deathrate of 1932 (10.6 per 100,000) is about half that recorded for the first few years of the decade beginning with 1920. Nevertheless, crude deathrates are misleading as a gauge of developments in the mortality connected with childbirth. The drop is due, in part, to the declining birthrate, whereby women have been exposed less frequently to the hazards of childbirth. The ratio of puerperal deaths per 1,000 live births is a much better measure of what has happened. But, unfortunately, it is not possible to give this more accurate measure for maternal mortality in this industrial insurance experience. In the general population, where birth data are available, the puerperal deathrate per 1,000 live births has shown but little variation from year to year, and is far higher than it need be. It is double the figure which prevails in Denmark and 50 per cent. above that in England and Wales. It has been estimated that nearly two-thirds of the deaths which occur could be prevented if expectant mothers received the type of care made available by certain agencies which have concentrated on the care of pregnant women.

Alcoholism Deathrate Lowest Since 1922; Increase for Cirrhosis of the Liver

Since 1929 there has been a distinct and continuous decline in the alcoholism deathrate. In that year it was 3.5 per hundred thousand; in 1932 it was only 2.4, the lowest figure recorded among Metropolitan Industrial policyholders for ten years. On the other hand, the rate for cirrhosis of the liver, which is often of alcoholic origin, has shown a slowly rising tendency in recent years.

Unfavorable Aspects of the 1932 Mortality Record

The 1932 mortality record was distinctly unfavorable for three diseases, which recorded new maximum deathrates. These are cancer, diabetes and diseases of the heart. A definite upward trend has been manifest for each over a long series of years.

Cancer Increased Nearly Eight Per Cent. in a Single Year

The most disquieting development of 1932 was another sizeable increase in the mortality from cancer. This amounts to 7.8 per cent. in a single year, and to 15.8 per cent. in two years. There has been, for several decades, all over the world, a slow but persistent rise in the cancer deathrate; but it is difficult to assign a reason for the sharp acceleration of the last two years among insured wage-earners. With the exception of diabetes, no increase of equal magnitude has been in evidence for any disease. Whether the population at large has experienced a sim-

ilar rise cannot be determined at this time. Such fragmentary data as are available indicate that it has not, although the increase in two years appears to have been greater than the average during the last decade. Among the insured, there has been a shift in the relative age distribution whereby a somewhat larger proportion than formerly is now in the higher age ranges where most of the deaths from cancer occur. This, alone, would bring about an increase in the crude deathrate, not only for cancer but for the several "degenerative" diseases. If, however, this had been the sole cause for the rise in the cancer mortality rate, we would have experienced corresponding increases in the rates for cerebral hemorrhage, chronic nephritis and heart diseases. Such increases have not been observed. The rises in 1932 for cerebral hemorrhage and chronic nephritis were negligible, and that for heart disease amounted to less than five per cent. in that year, and to only seven per cent. in two years. The unprecedented increase in cancer deaths, among the American wage-earning population, has attracted attention all over the world. One commentator suggests that it may be related to an increasing hesitancy to call for medical and surgical aid when the patient and his family are without means to pay for it.

Had the much lower cancer deathrate of 21 years ago prevailed in 1932, 4,026 fewer Metropolitan Industrial policyholders would have died of this disease than the 15,394 who actually died during that year. Had even the rate of 1931 prevailed, 1,117 fewer lives would have been lost.

The cancer deathrate among the colored Industrial policyholders is somewhat higher than among the white, and the increase for the past three years has been even sharper.

Diabetes Mortality Sets New High Record

The previous high point for diabetes was 21.4 per 100,000, in 1931; and the rise, in 1932, was to 23.3, or 8.9 per cent. The increase in only two years has amounted to practically 25 per cent. The deathrate for this disease has now risen continuously for eight years.

There are, nevertheless, certain encouraging aspects in the problem of diabetes. Despite the rapidly rising deathrate, diabetics are living longer today than ever before. The average duration of their lives from the onset of the disease, to death, has increased materially since the discovery of insulin. Recent investigation has shown that the deathrate has declined among persons under 45; but among older people, particularly among women, the rate has increased. It is in these older age ranges that the incidence of the disease is highest; and here the rise in the deathrate has more than counterbalanced the drop in the younger age groups.

Maximum Rate for Heart Disease

The mortality from heart disease, the leading cause of death since 1922, continued to mount, in 1932, with the rate reaching the new high point of 157.4 per hundred thousand. This is a rise of 4.9 per cent. from the previous maximum recorded in 1931 and of 11 per cent., as com-

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. 1911 and 1922 to 1932. (Ages One and Over)

Cause of Death	1932*	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1911
All Causes of Death	834.4	845.8	837.1	891.9	869.3	842.2	885.7	846.3	848.0	897.1	882.9	1253.0
Typhoid fever	1.7	2.4	2.4	2.4	2.7	4.7	4.2	4.6	4.4	5.2	5.7	22.8
Communicable diseases of childhood	9.5	11.9	12.4	16.7	19.0	19.7	25.9	19.7	26.2	33.1	29.8	58.9
Measles	1.4	2.6	2.3	2.4	4.2	3.4	8.0	2.5	5.7	8.4	4.3	11.4
Scarlet fever	2.8	3.2	2.5	2.7	2.6	3.0	3.4	3.4	4.3	4.4	4.9	13.1
Whooping cough	1.4	1.7	1.9	3.0	2.7	3.1	5.0	3.6	3.5	4.8	2.6	7.1
Diphtheria	3.8	4.3	5.7	8.6	9.5	10.2	9.5	10.2	12.7	15.5	18.0	27.3
Influenza and pneumonia	74.4	81.3	75.9	111.7	94.8	78.7	105.6	88.3	84.4	107.7	95.3	131.2
Influenza	17.6	19.2	13.2	37.7	22.0	15.7	27.4	19.4	14.2	30.1	21.7	15.9
Pneumonia	56.8	62.1	62.7	74.0	72.8	63.0	78.2	69.0	70.2	77.6	73.7	115.3
Poliomyelitis	1.0	2.6	1.1	.6	1.2	2.0	.7	1.4	1.0	.7	.9	1.6
Tuberculosis—all forms	70.1	76.7	81.3	87.3	90.6	93.8	99.5	98.2	104.4	110.5	114.2	224.6
Tuberculosis of respiratory system	62.4	68.1	71.3	77.7	80.0	83.0	87.9	87.0	93.4	100.6	103.6	203.0
Cancer—all forms	92.1	85.4	79.5	78.8	77.0	75.6	75.1	71.8	71.5	72.7	72.0	68.0
Diabetes mellitus	23.3	21.4	18.7	18.6	17.9	17.1	17.0	15.5	15.1	16.2	17.2	13.3
Alcoholism	2.4	2.9	3.2	3.5	3.3	3.5	3.7	3.0	2.9	3.0	2.1	4.0
Cerebral hemorrhage, apoplexy	†62.8	†61.3	†61.3	58.9	57.6	56.0	56.5	54.4	61.1	61.9	62.9	64.2
Diseases of heart‡	157.4	150.1	147.1	149.0	144.4	134.7	136.4	128.7	125.2	128.7	126.7	141.8
Diarrhea and enteritis	4.6	5.9	8.0	7.9	8.7	9.1	10.5	12.3	11.3	11.1	10.8	28.0
Chronic nephritis (Bright's Disease)	69.4	68.1	69.2	70.6	71.8	70.8	74.9	71.2	66.5	69.6	70.3	95.0
Puerperal state—total	10.6	11.9	12.3	13.8	14.2	15.7	15.6	16.9	17.2	17.9	19.0	19.8
Total external causes	71.7	78.0	79.4	80.6	77.8	79.8	77.2	78.3	76.9	77.8	71.8	97.9
Suicides	10.8	10.2	10.0	8.7	8.5	8.4	7.8	7.0	7.3	7.4	7.5	13.3
Homicides	6.2	7.1	6.8	6.7	6.8	7.4	7.2	7.4	7.2	7.3	6.3	7.2
Accidents—total	54.7	60.7	62.6	65.2	62.5	63.9	62.3	63.9	62.4	63.0	58.1	77.4
Accidental burns	3.7	3.8	4.5	4.9	5.3	5.3	6.1	6.1	6.4	6.3	6.1	8.8
Accidental drowning	6.0	6.5	6.3	6.5	7.1	6.8	6.3	6.5	7.3	6.7	7.3	10.2
Accidental traum. by fall.	10.1	10.1	9.7	9.1	8.0	8.5	7.9	8.1	7.7	8.4	7.3	13.2
Accidental traumatism by machines	.8	1.0	1.3	1.6	1.2	1.4	1.4	1.3	1.3	1.7	1.6	1.8
Railroad accidents	2.8	2.8	3.0	3.9	3.9	4.1	4.2	4.0	4.0	4.9	4.1	9.5
Automobile accidents	19.2	22.3	21.2	21.3	18.7	18.7	17.0	16.8	15.9	15.4	13.6	2.3
All other accidents	12.1	14.4	16.6	17.8	18.3	19.1	19.4	21.2	19.7	19.5	18.1	31.6
Other diseases and conditions	183.4	185.9	185.3	191.5	188.3	181.0	183.6	183.4	180.9	181.7	185.1	283.5

*All 1932 deathrates subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Rates for 1930, 1931 and 1932 not comparable with those for other years, due to changes in classification procedure.

‡Excluding pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

pared with the figure for 1911. Since 1919, there has been a decided upward trend in the cardiac disease deathrate, although the increase has been by no means continuous.

The one bright spot with respect to the heart disease mortality record is that the rate is declining at the younger ages. This means that such items as school medical inspections, industrial hygiene and other preventive efforts against heart disease are bearing fruit; for, while heart conditions usually cause death late in life, they often begin in childhood or adolescence. As cases of diphtheria, the other infectious diseases of childhood, tonsilitis, dental diseases and other focal infections become fewer, cardiac impairments at the younger ages may be expected to decrease in number.

Fewer Fatal Accidents and Homicides; More Suicides

The deathrate for all kinds of accidents combined was lower in 1932 than ever before. This reflects, primarily, the drop during that year in industrial activity, in transportation, and more particularly in automotive traffic, both pleasure and commercial. The decrease in automobile fatalities, as compared with 1931, amounted to 14 per cent.

Three types of accidents recorded lower deathrates in 1932 than ever before, namely, accidental burns, machinery accidents and railroad accidents.

Suicides

The rise in the suicide deathrate in 1932 was less than six per cent., a smaller year-to-year increase than has been observed in a number of previous years. The facts concerning suicide show clearly that the rise in the deathrate, since 1929, is not entirely chargeable to the unfavorable economic conditions which have prevailed during the last three years. There has been a continuation of an upward trend that has been in evidence since 1925—over a period which includes some of the most prosperous years in the history of the country. Furthermore, the suicide situation has improved materially in two decades. For last year, 10.8 Metropolitan Industrial policyholders in every 100,000 took their own lives, whereas in 1911 suicides accounted for 13.3 deaths per 100,000.

The table on page 7 shows the deathrates for the more important diseases and conditions among Metropolitan Industrial policyholders ages one and over in each year of the period 1922 to 1932, and for the year 1911.

Health Record for December, 1932

THE December health record was distinctly unfavorable and the deathrate (9.4 per 1,000) was higher than for any previous December since 1924. As noted elsewhere in this BULLETIN, there were sharp rises, as compared with November, in the rates for influenza, pneumonia and the degenerative diseases.

The deathrate in the large cities of the United States during December was 12.7 per 1,000 estimated population, as compared with 10.7 in November and 11.1 in December,

1931. In this group of cities, December was the only month of 1932 to register a higher deathrate than in the corresponding month of 1931. The diseases which showed increased prevalence during December, over November, were influenza, measles, scarlet fever and smallpox. Those for which lower morbidity was reported were diphtheria, poliomyelitis and typhoid fever. Comparison with December, 1931, shows more sickness from influenza, measles and scarlet fever with fewer reported cases of diphtheria, poliomyelitis, smallpox and typhoid fever.

Reports from 14 states show that influenza cases increased more than ninefold in December, as compared with November. Of the states reporting, the highest incidence was recorded in Louisiana and Alabama, where the cases totaled 22,439 and 21,213, respectively, as against 648 and 2,216 in the preceding month. Large increases were in evidence also in Arkansas, Indiana, Tennessee, Oregon, Ohio and California.

Measles, in 17 states, increased from 4,898 cases in November to 8,824 in December. The more marked increases recorded were in Ohio, Michigan, Wisconsin, Minnesota and Indiana. While the rise in scarlet fever cases, as compared with November, was slight, there were large increases in Massachusetts, New Jersey, Pennsylvania and Michigan.

Reports from twenty-nine states show a decline in diphtheria cases from 5,175 in November, to 3,858 in December. The more prominent reductions were in Ohio, Illinois, Missouri, Georgia, and Tennessee.

Scarlet fever was slightly more prevalent in December than in November, forty states reporting an increase from 13,386 cases to 14,819. The larger increases were observed in Massachusetts, New Jersey, Pennsylvania and Michigan.

Poliomyelitis was less prevalent, with 40 states reporting a total of only 94 cases, as compared with 190 in November.

Reports from 40 states show 491 smallpox cases in December, as compared with only 284 in November. Nearly one-third of the December cases occurred in the State of Iowa.

Reports from forty states show a drop in typhoid fever cases from 1,001 in November, to 653 in December. This was a seasonal reduction, and was general throughout the country.

There have been, recently, a number of outstanding public health activities. The draft of a proposed uniform state act to regulate the manufacture, distribution, and use of narcotic drugs was approved by the NATIONAL CONFERENCE OF COMMISSIONERS ON UNIFORM STATE LAWS and by the AMERICAN BAR ASSOCIATION. The former has had legislation with reference to narcotic drugs under consideration for several years. The AMERICAN HOSPITAL ASSOCIATION has appointed a COUNCIL ON COMMUNITY RELATIONS AND ADMINISTRATIVE PRACTICE to undertake an immediate study of the recommendations of the COMMITTEE ON THE COSTS OF MEDICAL CARE calling for changes in existing relations between hospitals, the medical profession and the public. The CALIFORNIA MEDICAL ASSOCIATION has approved a plan to provide complete medical service and hospitaliza-

tion to persons of moderate means. The plan will be presented to the county medical societies. The UNITED STATES PUBLIC HEALTH SERVICE, in cooperation with state and city authorities in California, is conducting an investigation of psittacosis. A laboratory at one of the quarantine stations will be utilized, in addition to facilities offered by local authorities. The VETERAN'S BUREAU has under construction hospitals and additions to hospitals providing 7,190 beds at a cost of nearly $16,000,000.

A contract between the Saginaw County, Michigan, Medical Society, and the Central Hospital Council, to care for the indigent aged and afflicted persons, was authorized by the County Board of Supervisors. The plan offers care for such persons at special rates; and it is estimated that a saving to the County of more than $15,000 annually will be effected.

Dr. JOSEPH W. MOUNTIN of the UNITED STATES PUBLIC HEALTH SERVICE, will shortly begin a survey of public health work in Delaware County, Pa. The County Medical Society and the County Tuberculosis Association will cooperate, and will be joined by other health and civic agencies. It will be the purpose of the survey to obtain accurate information on all health activities of Delaware County, and to formulate effective methods for preventing and combating epidemics; also to coordinate the work of agencies in the health field, thus preventing overlapping and waste of effort.

The table on page 11 shows the mortality among Industrial policyholders for December, 1932; November, 1932, and December, 1931, together with the deathrates for the years 1932 and 1931.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates* per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis)

MONTHS OF DECEMBER, 1932; NOVEMBER, 1932 AND DECEMBER, 1931

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	Dec. 1932	Nov. 1932	Dec. 1931	YEAR 1932	YEAR 1931
TOTAL—ALL CAUSES	941.2	823.6	823.6	856.2	877.0
Typhoid fever	1.8	2.2	3.1	1.7	2.4
Measles	1.0	.4	1.5	1.7	3.2
Scarlet fever	3.2	2.1	3.9	2.8	3.2
Whooping cough	2.0	1.6	2.3	3.0	3.6
Diphtheria	5.2	4.3	6.5	3.9	4.5
Influenza	35.9	9.7	11.1	18.9	21.1
Tuberculosis (All forms)	66.8	64.5	65.0	69.8	76.2
Tuberculosis of respiratory system	60.2	57.0	58.8	61.7	67.2
Cancer	95.9	96.4	85.6	90.8	84.1
Diabetes mellitus	26.9	24.3	21.9	23.0	21.1
Cerebral hemorrhage	67.9	64.7	58.8	62.0	60.4
Organic diseases of heart	169.5	146.8	144.6	155.4	147.9
Pneumonia (All forms)	95.1	56.0	68.5	65.6	73.7
Other respiratory diseases	14.1	10.5	9.2	9.4	9.8
Diarrhea and enteritis	6.1	9.5	9.4	11.1	15.7
Chronic nephritis (Bright's disease)	75.8	67.0	67.1	68.4	67.0
Puerperal state	8.2	8.9	11.5	10.4	11.7
Suicides	8.7	8.5	11.1	10.6	10.0
Homicides	5.4	6.7	6.8	6.1	7.0
Other external causes (excluding suicides and homicides)	54.8	51.6	54.0	54.7	60.6
Automobile Accidents	19.4	20.5	22.5	18.9	22.0
All other causes	196.9	188.1	181.8	186.7	193.8

*All figures in this table include insured infants under one year of age. The rates for 1932 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

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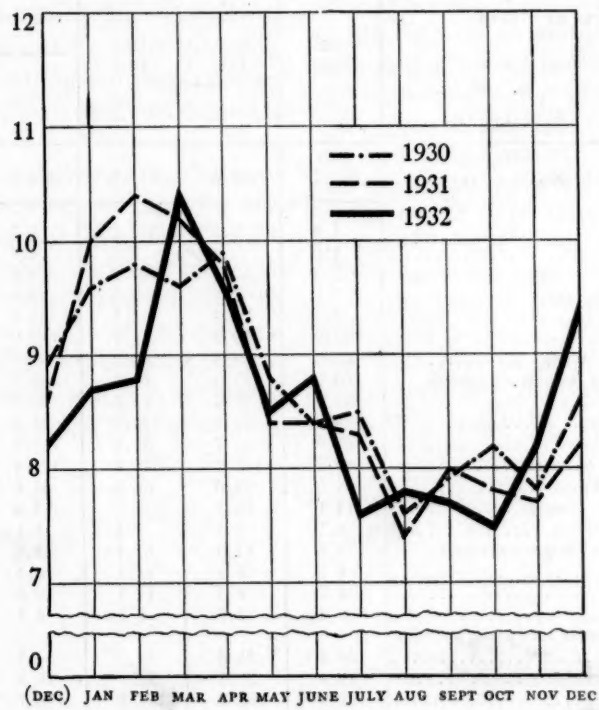
DEATHRATES FROM ALL CAUSES

in the Metropolitan Life Insurance Company
Industrial Department

DEATHRATE PER 1,000—ANNUAL BASIS



1930	9.6	9.8	9.6	9.9	8.8	8.4	8.5	7.6	7.9	8.2	7.8	8.6
1931	10.0	10.4	10.2	9.8	8.4	8.4	8.3	7.4	8.0	7.8	7.7	8.2
1932*	8.7	8.8	10.4	9.6	8.5	8.8	7.6	7.8	7.7	7.5	8.2	9.4

** Rates for 1932 are provisional*

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